

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Yes We Can Columbus				
Full Name of Contributor Benjamin Leland			Registration Number, if PAC	
Street Address 699 Wetmore Road Apt H	Employer/Occupation/Labor Organization* Grants Admin / OSU		Form (Cash, Check, etc.) Credit	
City COLUMBUS	State OH	Zip Code 43214	Date 12/29/2018	Amount \$5.00
Full Name of Contributor Alison Grover			Registration Number, if PAC	
Street Address 95 Foxcroft Road	Employer/Occupation/Labor Organization* Physician / Not Employed		Form (Cash, Check, etc.) Credit	
City West Hartford	State CT	Zip Code 6119	Date 12/29/2018	Amount \$11.00
Full Name of Contributor Mark Leone			Registration Number, if PAC	
Street Address 73 Azud Road	Employer/Occupation/Labor Organization* Engineer / Arcatis		Form (Cash, Check, etc.) Credit	
City Thompson	State CT	Zip Code 6277	Date 12/29/2018	Amount \$5.00
Full Name of Contributor Joel Atkinson			Registration Number, if PAC	
Street Address 133 S Cypress Ave	Employer/Occupation/Labor Organization* Construction / Rain Brothers		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43222	Date 12/29/2018	Amount \$5.00
Full Name of Contributor Emily Petrik			Registration Number, if PAC	
Street Address 1101 East 6th Avenue	Employer/Occupation/Labor Organization* Teacher / Helena Public Schools		Form (Cash, Check, etc.) Credit	
City Helena	State MT	Zip Code 59601	Date 12/29/2018	Amount \$5.00
Full Name of Contributor Virginia Vogts			Registration Number, if PAC	
Street Address 97 WESTWOOD RD	Employer/Occupation/Labor Organization* Not Employed / Not Employed		Form (Cash, Check, etc.) Credit	
City COLUMBUS	State OH	Zip Code 43214	Date 12/29/2018	Amount \$10.00
Full Name of Contributor Hank Mylander			Registration Number, if PAC	
Street Address 832 Thurber Drive West	Employer/Occupation/Labor Organization* Policy Analyst / Franklin County		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43215	Date 12/29/2018	Amount \$5.00
Full Name of Contributor Larissa Branovacki			Registration Number, if PAC	
Street Address 2972 Neil Avenue Apt 192A	Employer/Occupation/Labor Organization* Account Coordinator / CoverMyMeds		Form (Cash, Check, etc.) Credit	
City COLUMBUS	State OH	Zip Code 43202	Date 12/29/2018	Amount \$20.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]